

## PHASE II CERTIFICATION: COUNTY INSTALLATION

### *PART I: COUNTY INFORMATION*

COUNTY NAME: \_\_\_\_\_

CAMA VENDOR: \_\_\_\_\_

TAX/BILLING VENDOR: \_\_\_\_\_

PERSONAL PROPERTY VENDOR: \_\_\_\_\_

### *PART II: PROJECT LEADER INFORMATION*

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### *PART III: CERTIFICATION INFORMATION*

THIRD-PARTY TESTER: \_\_\_\_\_

ANTICIPATED TEST TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE BEFORE MARCH 1, 2009 AND SEND TO [tjorczak@dlgf.in.gov](mailto:tjorczak@dlgf.in.gov), OR MAIL TO:

DEPARTMENT OF LOCAL GOVERNMENT FINANCE, ATTN: TIM JORCZAK, 100 N. SENATE AVE. ROOM N1058, INDIANAPOLIS, IN 46204